EFFECT OF MINDFULNESS BASED SELF-MANAGEMENT THERAPY (MBSMT) ON HEALTH PROMOTING LIFESTYLE AND WELL-BEING OF ADOLESCENTS

A Synopsis

For The Ph.D. Thesis

Submitted in the

Department of Applied Psychology

Guru Jambheshwar University of Science and Technology, Hisar (Haryana)

Supervisor

Dr. Sandeep Singh

Professor

Department of Applied Psychology

Submitted By:

Parveen Kumar

Research Scholar

(230110091003)

Department of Applied Psychology

Guru Jambheshwar University of Science and Technology, Hisar (Haryana)

Effect of Mindfulness Based Self-Management Therapy (MBSMT) on Health Promoting Lifestyle and Well-Being among Adolescents

Introduction

"The secret of health for both mind and body is not to mourn for the past,

not to worry about the future, or not to anticipate troubles,

but to live the present moment wisely and earnestly."

BUDDHA

Adolescents are emerging citizens and the future of any nation. It is a crucial period in one's life. The term “Adolescence” derives from the Latin word ‘adolescere’ which implies ‘to grow’ or ‘to grow to maturity’. Adolescence is an important developmental stage that occurs between childhood and adulthood. World Health Organisation (2013), states that the adolescent years are a time of transition in a person's growth and development that comes after childhood but before adulthood. As per the UNICEF report (2024), India has the largest population of there are 253 million adolescents in the world who are aged 10 to 19 years. If thus numerous adolescents are safe, healthy, educated, and have the knowledge and life skills necessary to support their country's ongoing development, India stands to gain socially, politically, and economically. Adolescents play a crucial part in society because of their high levels of physical and mental energy, they are regarded as the most productive members of the population. It is a time of many changes, including maturation on all levels—physical, intellectual, emotional, and social; school transfers and other obstacles in the academic domain; striking a balance between independence and accountability; and the formation of peer relationships and self-identity. Adolescents face many challenges and crises as a result of all these changes. An adolescent transits from dependence to autonomy during adolescence. In this time period individuals are most prone to engaging in risk-taking behaviors. An adolescent's mental state can be influenced by several variables other than the hormonal changes that accompany the onset of puberty. At this stage, adolescents may display risky health behaviors as a result of high levels of social rejection brought on by cultural norms. Furthermore, academic stress and peer pressure to perform can have an adverse effect on adolescents' mental health because peers are essential to their emotional and social growth. It’s time to acquire skills and knowledge, develop emotional and interpersonal self-control, and develop traits and

competencies required to enjoy adolescence and succeed in adult responsibilities in the future (Proimos & Klein, 2012).

Challenges Associated with Adolescents

Adolescence, a pivotal stage of human development, is full of challenges that can major impact on the well-being of individuals in this age group. Mental and physical health problems in childhood and adolescence can cause major suffering for the individual and impact on psychological, physiological, and social development. In India, 10 to 20 percent of adolescents have health-harming habits and conditions that require immediate attention from public health professionals and policymakers. Half of all mental health disorders in adulthood start by age 14, but most cases are undetected and untreated (WHO, 2021). As per UNICEF data (2021), “mental health conditions constitute a major burden of disease for adolescents globally”. In 2019, it was calculated that one of our seven adolescents suffered mental health issues. The National Mental Health Survey of India, 2015-16 also highlighted on alarming situation for mental health amongst the adolescent population. Adolescents who are at risk or "vulnerable" have lower subjective well-being, but they do not exhibit many psychopathological symptoms, making them challenging to diagnose as having a mental health related condition (Suldo & Shaffer, 2008). Adolescents show traits like increased emotional reactivity, reckless behavior, and excessive risk-taking (Burns et al., 2007). The complex emotional shifts that occur during adolescence may raise the likelihood of feeling depressed and anxious (Ciarrochi et al., 2008; Cohn et al., 2009). If they can't manage their emotions and stressors, they are more likely to experience mental health problems. Emotion control affects many aspects of functioning, including social interaction, academic achievement, and physical and psychological well-being (Mikolajczak & Desseilles, 2012). Adolescents were also seen to be experiencing internalizing symptoms more frequently (Ahmed et al., 2015). Emotion modulation is associated with the genesis and duration of psychopathology during adolescence, according to an analysis of the research findings (McLaughlin et al., 2011). Adolescents who struggle to manage their increasing emotional burdens may suffer from mental health issues, sadness, anxiety, pathological rage, and emotional instability, among other repercussions (Michaud & Fombonne, 2005). Lifestyle behavior disorders are also common in this population. The development of chronic diseases is significantly influenced by modifiable health behaviors, such as eating, drinking, smoking, and physical exercise. Adolescents don't eat the

recommended quantity of fruits and vegetables, eat more junk food than nutritious food, skip meals, and don't engage in the recommended amount of physical exercise. Additionally, because they lack the energy of children or adults and are experiencing hormonal changes, adolescents are more inclined to participate in unhealthy behaviors like drinking alcohol, smoking, using drugs, eating junk food, etc. The World Health Organization (WHO) has identified India as one of the countries where the majority of lifestyle disorders are expected to arise in the near future. Bhatti et al. (2020) surveyed 16–18-year-adolescents in the UK, they discovered that 15% of them smoked, 21% were obese or overweight, 80% did not consume the recommended amount of fruits and vegetables each day, and 90% did not exercise often enough. Adolescents must develop habits that support health since these behaviors are linked to both adult health status and life satisfaction. Recent studies held during the period of COVID-19 pandemic on developing adolescents' self-efficacy have been shown to help with fundamental negative emotion regulation and to support healthy coping mechanisms for overcoming everyday challenges as well as unique or non-normative occurrences (Cattelino et al., 2021).

Health Promoting Lifestyle

Health promotion includes behaviors to improve well-being and self-actualization as well as a positive perspective in life. Health-promoting behavior reduces the risk of illness, lowers morbidity rates, enhances quality of life, and saves medical expenses.

Walker et al. (1987) define a "Health-promoting lifestyle as a multidimensional pattern of self-initiated actions and perceptions that serve to maintain or enhance the level of wellness, self-actualization, and fulfillment of the individual". Healthy behaviors are actions and efforts that improve one's health, help in the prevention of diseases, and motivate one to have a happy and fulfilling life (Hermann et al., 2005). Wang et al. (2009) state that early life habits have a major role in determining an individual's ability to adopt healthy behaviors. According to Pender's (1987) model of health promotion, health-promoting lifestyles include six dimensions:

(1) Health Responsibility

Health responsibility is used to describe an individual's commitment and actions toward maintaining and promoting their health and well-being. Making choices that promote a high quality of life and prevent avoidable health conditions is a lifetime commitment to health responsibility.

(2) Physical activity

Regular physical activity is essential to cultivating behaviors that promote health. Engaging in physical activity is essential for managing weight as it lowers the risk of obesity and related health problems. In 2016, 81% of students worldwide between the ages of 11 and 17 did not engage in enough physical activity, with coverage ranging from 36% in low-income to 86% in high-income nations.

(3) Nutrition

Nutrition refers to the process of getting the food required for development and health. A balanced and nutritious diet is crucial for health promotion. Insufficient nutrition throughout this crucial period of adolescence can have detrimental effects on one's health both then and later in life (Nayar, 2007).

(4) Interpersonal relations

Interpersonal relations refer to the interactions and connections between individuals. These connections can occur in several ways, such as relationships with friends, family, love partners, and coworkers. Effective interpersonal relations are crucial for personal well-being, social harmony, and success in various aspects of life.

(5) Spiritual growth

Spiritual growth refers to the action of expanding and deepening one's understanding of oneself, others, and the universe, as well as cultivating a feeling of relationship to a greater authority, the divine, or a transcendent reality. It is a journey that involves personal development, self-discovery, and the exploration of one's innermost beliefs and values. Adolescent spirituality research is closely related to ongoing studies in other areas of developmental science, given its potential influence on health and well-being as well as its neurological developmental foundations (Dahl et al., 2018).

(6) Stress management

Stress management is the process of adopting techniques and approaches to help manage and lessen the detrimental consequences of stress on your physical and emotional health. Stress naturally arises in reaction to difficult circumstances, however prolonged or extreme stress can have detrimental effects on your health. In a study conducted in Kerala to determine the incidence

of stress in school children, 1.9% of children aged 4 to 17 had severe stress and 93 to 100% of children had medium to moderate stress.

Self-Efficacy

"If I have the belief that I can do it, I shall surely acquire the capacity to do it even if I May not have it at the beginning" - Mahatma Gandhi

Self-efficacy is “the belief in one’s capabilities to organize and execute the courses of action required to manage prospective situations” (Bandura, 1995). Self-efficiency is the process through which an individual prepares himself to achieve a goal using the right tools, like willpower, encouragement, and motivation. WHO (2001) states “Self-efficacy is an important factor in developing and maintaining a healthy overall well-being". High self-efficacy individuals have a positive outlook, contentment, and enjoyment. It helps in reaching a goal with a certain level of confidence by developing the person's excellent health (Gupta & Kumar, 2010). Pavani and Agrawal (2015) concluded that high self-efficacy possesses high academic achievement. Mishra and Shanwal (2014) found a significant association between adolescents' self-efficacy and their family environment, based on a study involving 130 teenagers between the ages of 13 and 18. High self-efficacy boosts a person's perseverance and concentrate on a particular work above prior levels, and it encourages one to set higher expectations for future performances (Ormrod 2008).

Emotional Regulation

The term "Emotion Regulation" describes the strategies people employ to control the type of emotions they feel and how they express themselves. The process of registering the importance of a mental or physical occurrence is known as emotion (Campos et al, 2004). The goal of emotional regulation is to control our feelings, including the ones we encounter when they arise and how we communicate them (Gross,1998). According to the American Psychological Association (2014), Emotion regulation is the capacity of a person to control one or more emotions. Theurel and Gentaz (2018) investigated the age disparities and pattern of specific emotions surrounding the control of emotion in school adolescents aged 12 to 15 years and their results showed that cognitive emotion regulation strategies particularly reappraisal significantly and positively impacted the regulation of emotions during middle adolescence. Self-harmers have benefited from mindfulness therapy since it helps with regulating emotions and discomfort tolerance (Conterio et al., 1999; Gratz 2007; Walsh, 2012). The literature indicates that high degrees of mindfulness are linked to the capacity

to regulate emotions (Baer et al., 2006; Vujanovic et al., 2010) and numerous techniques based on mindfulness aim at enhancing the regulation of emotions (Brown et al., 2007; Chambers et al., 2009).

Psychological Well-Being

Davis (2019) defines well-being as experiencing wealth, happiness, and good health. Good mental health, the capacity to handle daily challenges, a feeling of meaning or purpose, and a great sense of fulfillment in life are all aspects of well-being. The World Health Organization (2010) characterizes well-being as achieving one's potential in terms of one's mental, spiritual, social, emotional, and physical aspects. Ryff and Keyes (1995) proposed 6 dimensions of PWB "Self-acceptance, Environmental mastery, Positive relationships with others, Personal growth, Autonomy and Purpose in life". Di Tommaso (2007) Supported a list of a total of seven skills for Indian teenagers, comprising lives, thought and creativity, leisure and recreational activities, affections and interactions with others, physical fitness, bodily integrity, and sensations and well-being. According to Nevill (2009), there are six indicators of an adolescent's well-being resilience, self-worth, emotional health, relationships with peers and family, contentment with the educational and local communities, and a global indicator of well-being. Shaheen et al. (2014) showed that there was a substantial negative association between adolescents' feelings of loneliness and their well-being, suggesting that adolescents who experience high levels of loneliness may experience a decline in their well-being. Kirmani et al. (2015), do a study of 98 young girls from a government university in Aligarh City found strong positive associations between hope, resilience, and subjective well-being. Parto and Besharat (2011) concluded that mindfulness has positively correlated with mental wellness.

Mindfulness

Mindfulness is a method of devoting complete attention to the current moment without getting carried away by thoughts or worries. It involves being aware of our thoughts, feelings, and surroundings without judging them. The meditative practice of mindfulness originated in the Buddhist philosophy (Lyons & DeLange, 2016). "Mindfulness is an awareness which arises by paying attention on purpose, in the present moment, and nonjudgmentally to the moment-to-moment experience" (Kabat-Zinn 2013). Thompson and Gilbert (2008), believe that practicing mindfulness can teach adolescents how to be more self-aware, have better impulse control, and be

less emotionally reactive and it particularly applies to youngsters and teenagers who still have a lot of developmental obstacles to overcome. Lyons and DeLange (2016), have proposed that mindfulness, which focuses on the "top-down" processes of self-regulation, would be the most effective strategy for improving self-regulation in adolescents. Studies on mindfulness have shown a correlation with a decrease in anxiety and behavioural issues (Semple et al., 2010), decreased anger, increased emotions of optimism and positivity, and enhanced social-emotional skills (Schonert-Reichl & Lawlor, 2010), improved academic achievement and social skills (Beauchemin et al., 2008), and also improved self-acceptance and emotional organization (Broderick & Metz, 2009). Earlier studies on interventions showed that students' increased positive feelings and a decline in negative affect were linked to mindfulness-based interventions (Maynard et al., 2017; Nidich et al., 2011; Huppert & Johnson, 2010).

Mindfulness Based Self-Management Therapy (MBSMT)

Mindfulness Based Self–Management Therapy (MBSMT) was developed by Dr. Sandeep Singh and Dr. Priyanka (2022) with the aim to enhance well-being and happiness among individuals by teaching them several mindfulness skills. The therapy is divided into four steps which include "Awareness and Acceptance, Belief management, Personal strengths, and Positive emotions". The therapy further divides the last step i.e., positive emotions into four sub-steps which include "Self-efficacy, Optimism, Gratitude, and Forgiveness" (Priyanka & Singh, 2022).

Awareness and Acceptance

"Awareness is like the sun When it shines on things, they are transformed".

~Thich Nhat Hanh

Awareness and acceptance include the skill of being aware of what is happening around oneself and accepting oneself as we are and whatever is happening around us as it is. Awareness and acceptance skills will be taught to the participants in the first step in 4 sessions (2 weeks) where intervention was given to enhance the awareness and acceptance skills of the adolescents. This part includes awareness about breathing, scanning one's body, and being mindful of daily tasks like listening, walking, eating, thoughts, and feelings. Several psychological issues, that are behavioral problems, anxiety and depressive symptoms, are successfully reduced and prevented in children and adolescents with mindfulness training (Singh et al., 2007; Britton et al., 2014; Raes

et al., 2014). Mindful attentive awareness has been linked to increased well-being and life satisfaction in a number of studies including children and adolescents (Brown et al., 2011) and fewer psychological issues including anger, addictive habits, and depression (Brown et al. 2011; Black et al. 2012; Calvete et al., 2014). Individuals with greater levels of mindful awareness are more likely to be more expressive in social settings and have lower levels of social anxiety, which contributes to their better interpersonal abilities (Dekeyser et al. 2008). Focusing on one's bodily sensations promotes calmness and relaxation, reduces the flight of ideas, and promotes cognitive regulation (Kerr et al., 2013). Regular body scans and breathing exercises help people feel less stressed and more at ease because of their positive impacts on blood pressure, heart rate, and the cardiovascular system as a whole (May et al., 2016).

Belief Management

The second part of the therapy is linked with belief management. Beliefs are important cornerstones of attitudes and behaviors, yet they are tough to modify and revalidate. Belief management includes the skills of managing one's beliefs about oneself and the world. Belief management represents the skills to understand about beliefs, how they affect the life of an individual, and how to deal with them. Irrational thoughts often lead to emotional blockage and unproductive conduct. Modifications in systems of thought are essential to alter our views and actions. In this step, participants will learn about Belief Management. This component of therapy consists of four sessions (2 weeks). In this step skills to know about one's irrational beliefs and to revalidate them will be included. This step includes skills to know about own beliefs and to make them more realistic and more rational specifically the belief regarding personal identity, relationship, career, health, happiness, success, failure, etc. are included. Through mindfulness meditation, these attitudes can be developed, and they may greatly contribute to the growth of a more cohesive perception of oneself (Crescentini & Capurso, 2015). Mindfulness training has been proven to be strongly correlated with attention control, decreasing psychological issues, and having a favorable relationship with self-control, more reliable predictors of future academic performance than IQ or other socioeconomic variables are creativity and discipline (Wills & Dinehart, 2014).

Personal Strengths

Personal strengths include the strengths of an individual. Every individual has unique strengths. Individuals just need to identify and recognize their strengths and use them in daily life to strengthen them. Everyone must have awareness about how to express personal uniqueness in the form of strength. In this step, participants will be made aware of their personal strengths and related skills in the next two sessions (1 week). This step of the therapy focuses on the assessment and development of personal strengths. Adolescents with behavioral and attentional control disorders were shown to significantly improve in terms of satisfaction, self-achievement, and sustained attention when they practiced mindfulness (Bogel et.al, 2008). The practice of mindfulness helps its practitioners minimize self-imposed burdens and impulsivity, focus on a task at present, disregard distractions, and increase their sense of well-being (Carmody and Baer, 2008; Brown and Ryan, 2003). Mindfulness education helps students in both academic and personal domains; it helps reduce the impact of bullying, provides support to pupils with learning problems, and manages adverse feelings as well as stress (Leland, 2015). Character traits like self-control, kindness, curiosity, and spirituality are strengthened by mindfulness education (Baer, 2015).

Positive Emotions

Positive emotions are those emotions that are pleasurable to experience. Positive emotions are helpful in our lives to broaden our perception, build physical, intellectual, psychological, and social resources broaden the way we think, encourage us to be more open-minded, and strengthen social bonds, and they also can undo the psychological effects of negative emotions. Positive Emotion-related skills including “Self-efficacy, Optimism, Gratitude, and Forgiveness” will be taught to the participants in 8 sessions (4 weeks); and 2 sessions (1 week) for each sub-step. Positive emotions include emotional reactions that express a positive affect such as happiness. Positive emotions can develop the ability to be extensive, tolerant, and creative. This step includes the skills to strengthen the positive emotions of the participants related to forgiveness, gratitude, self-efficacy, and optimism. Swickert et al. (2019) conducted a study where they surveyed 700 participants and assessed variables, namely gratitude, mindfulness, perceived support, and mood. The findings indicate that mindfulness and gratitude are significantly associated. According to Pooley and Cohen (2010), Assistance from others and a sense of connection to others, together with general self-efficacy, strongly predicted high levels of resilience in middle adolescents. Research showed

teens with greater proficiency in psychological well-being who were also more optimistic had better mental health (Lai, 2009). Another study by Voci et al. (2018) used two variables, namely, gratitude and self-compassion to provide insight into the relationship between mindfulness and psychological well-being. There is a moderate relationship between gratitude and mindfulness, as concluded by this study.

Rationale of the study

As a developmental phase, adolescence is characterized by several changes that take place on the social, emotional, and neurophysiological levels. Adolescents are more vulnerable to psychological distress because of these changes in their lives as well as school-related stresses such as peer pressure, academic pressure, and expectations from parents and teachers. G. Stanley Hall (1904), who is known as the father of adolescent psychology often referred to this phase as a period of “stress and storm”. He described the decreasing self-control of an adolescent as the "storm" and their increasing sensitivity as the "stress". During this dynamic stage, it is crucial to help adolescents to develop the cognitive, affective, and social skills that can result in good changes. Mindfulness is an excellent activity since it improves stress management abilities and encourages taking care of oneself. Mindfulness promotes a healthy and joyful lifestyle, which has a direct impact on well-being as well as health. Shankland et al. (2020) showed that mindfulness practices improve life satisfaction, a factor in mental health and psychological well-being, and lower anxiety and sadness. When implemented in school-based settings, mindfulness-based therapies successfully lessen the symptoms of mental illness (Kallapiran et al., 2015) and enhance the well-being of adolescents (Zenner et al., 2014). Mindfulness-Based Self-Management Therapy (MBSMT) is one of the newly developed mindfulness intervention techniques that can be helpful in health promotion and improve quality of life and well-being. The present study focuses on Mindfulness based intervention specifically in the form of awareness and acceptance, management of beliefs, enhancing personal strength, and inculcating positive emotions for promoting healthy behavior and psychological well-being of adolescents.

Objectives

1. To study the effect of Mindfulness Based Self-Management Therapy (MBSMT) on the level of mindfulness of adolescents.

2. To study the effect of Mindfulness Based Self-Management Therapy (MBSMT) on health-promoting lifestyle of adolescents.
3. To study the effect of Mindfulness Based Self-Management Therapy (MBSMT) on self-efficacy of adolescents.
4. To study the effect of Mindfulness Based Self-Management Therapy (MBSMT) on emotional regulation of adolescents.
5. To study the effect of Mindfulness Based Self-Management Therapy (MBSMT) on psychological well-being of adolescents.

Hypotheses

1. There shall be positive effect of Mindfulness Based Self-Management Therapy (MBSMT) on the level of mindfulness of adolescents.
2. There shall be positive effect of Mindfulness Based Self-Management Therapy (MBSMT) on health-promoting lifestyle of adolescents.
3. There shall be positive effect of Mindfulness Based Self-Management Therapy (MBSMT) on self-efficacy of adolescents.
4. There shall be positive effect of Mindfulness Based Self-Management Therapy (MBSMT) on emotional regulation of adolescents.
5. There shall be positive effect of Mindfulness Based Self-Management Therapy (MBSMT) on psychological well-being of adolescents.

Research Method

Sample

MBSMT will be administered to a sample of 30 adolescents (with equal number of males and females). A total of 60 participants will be selected for the study out of which 30 participants will be randomly assigned to the experimental group and 30 in the controlled group with equal number of males and females. MBSMT will be administered to the experimental group for nine weeks; two sessions per week.

Inclusion criteria:

- Age group 12-18 years.
- Can read/write Hindi/English.
- Willing to be a participant in the study.

Exclusion criteria:

- Participants having any severe psychiatric ailment.
- Cannot read/write Hindi/English.
- Receiving other psychological interventions.

Tools

1. Mindful Attention Awareness Scale (Brown & Ryan, 2003)

MAAS is a self-reported scale with 15 items which assess dispositional mindfulness. The scale consists of a 6-point Likert scale response format i.e., "Almost always, Very frequently, Somewhat frequently, Somewhat infrequently, Very infrequently, and Almost never". High scores on the scale indicate higher dispositional mindfulness. The internal consistency of the scale is .82 and the test-retest reliability of the scale is .81.

2. Health-Promoting Lifestyle Profile- II (S.N. Walker, K. Sechrist, N. Pender, 1995)

The Health-Promoting Lifestyle Profile-II is a self-reported Questionnaire composed of a total scale consisting of 52 items and six subsets including "Spiritual Growth, Interpersonal relations, Nutrition habits, Physical activity, Health responsibility, and Stress management" which assess the Health Promoting Behaviour of individual. HPLP-II consists of 52 items and a 4-point Likert scale response format i.e., "Never (N) =1, Sometimes (S)=2, Often (O)=3, and Routinely (R)=4" where a high score means a higher level of Health Promoting Behaviour. The test has good internal consistency. The value of Cronbach's alpha for the whole scale is .943 whereas its range is .793-.872 and the test-retest reliability for the whole scale is .892.

3. Generalized Self-Efficacy Scale (GSES) (Schwarzer & Jerusalem, 1992)

This Scale was created by Schwarzer and Jerusalem (1992). GSES scale consists of 10 items rated on a 4-point scale with "Not at all true", "Hardly true", "Moderately true", and "Exactly true". Scoring of the items is 1 - "Not at all true" to 4 - "Exactly true". The reliability of the test is .80. The re-established reliability coefficient of GSE is .84. High score indicates the greater the individual's generalized sense of self-efficacy.

4. Trait Meta-Mood Scale (Salovey et.al., 1995)

The scale consists of 48 items and three subscales: "Attention, Clarity, and Repair". The scale consists of a 5-point Likert scale response format i.e., "Strongly Disagree, Somewhat Disagree,

Neither Agree nor Disagree, Somewhat Agree, Strongly Agree". As there are 48 items of which 21 are designated for Attention, 15 for Clarity, and 12 for Repair with all negatively loading items reverse scored. The internal consistency (Cronbach"s alpha) of the scales as found by the developers of the tool was 0.86, 0.88, and 0.82 respectively.

5. Psychological Well-Being (Ryff & Keyes, 1995)

The shorter version of the Psychological Well-Being (PWB) scale has 18 items which assess the level of PWB of the respondent. The scale consists of a 7-point Likert scale response format from strongly agree to strongly disagree. The scale has 6 subscales: "Autonomy - independence and self-determination; Environmental mastery - the ability to manage one's life; Personal growth - being open to new experiences; Positive relations with others - having satisfying, high-quality relationships; Purpose in life - believing that one's life is meaningful; Self-acceptance - a positive attitude towards oneself and one's past life". This scale possesses good psychometric properties with internal consistency between 0.86-0.91. A higher level of psychological well-being is indicated by high scores.

6. Value in Action Inventory of Strengths Revised (VIA-IS-R) (McGrath, 2019)

VIA-IS-R is a self-report scale including 120 statements, 5 items for each character strength. This scale consists of a 5-point Likert scale with responses ranging from "1 = very much unlike me to 5 = very much like me". The scale possesses good psychometric properties. The average internal consistency of this scale is .57 and the mean test-retest reliability is .78. Convergent Validity, discriminant validity, and Criterion-related validity of this test are also very high. The scale is used to measure 24-character strengths in the participants.

Procedure

A total of 60 participants will be selected on the basis of inclusion and exclusion criteria. After the selection of the sample 30 participants will be randomly distributed in the experimental group and 30 in controlled group. Mindfulness Based Self-Management Therapy (MBSMT) will be administered to all the participants in the experimental group for nine weeks (eighteen sessions; 2 sessions per week). Each session will be provided for 2 hours. During each session, several mindfulness-related skills will be taught to the participants. Participants will also make learn about some daily meditation practices and homework exercises to enhance their awareness skills in daily

routine life. After completion of the intervention post assessment will be made with the help of suitable statistical methods.

Statistical Analysis

After the collection of data, descriptive statistics (central tendency, standard deviation), paired t-tests, independent sample t-tests, and ANOVA (repeated measure) will be used for statistical analysis.

References

Ahmed, S. P., Bittencourt-Hewitt, A., & Sebastian, C. L. (2015). Neurocognitive bases of emotion regulation development in adolescence. *Developmental cognitive neuroscience*, *15*, 11-25.

American Psychological Association. (n.d.). APA dictionary of psychology. Retrieved 2014, from https://www.apa.org/topics/emotional regulation.

Baer, R. (2015). Ethics, values, virtues, and character strengths in mindfulness-based interventions: A psychological science perspective. *Mindfulness, 6*, 956–969.

Baer, R. A., Smith, G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky Inventory of mindfulness skills. *Assessment*. doi:10.1177/1073191104268029.

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*. doi:10.1177/1073191105283504.

Beauchemin, J., Hutchins, T. L., & Patterson, F. (2008). Mindfulness meditation may lessen anxiety, promote social skills, and improve academic performance among adolescents with learning disabilities. *Complementary Health Practice Review, 13*(1), 34–45.

Black, D. S., Sussman, S., Johnson, C. A., & Milam, J. (2012). Testing the indirect effect of trait mindfulness on adolescent cigarette smoking through negative affect and perceived stress mediators. *Journal of Substance Use, 17*, 417–429.

Bogels, S., Hoogstad, B., van Dun,L. De Schutter, S., & Restifo, K. (2008). Mindfulness Training for Adolescents with Externalizing Disorders and their Parents. Behavioral and Cognitive Therapy, 33, 193- 209.

Britton, W. B., Lepp, N. E., Niles, H. F., Rocha, T., Fisher, N. E., & Gold, J. S. (2014). A randomized controlled pilot trial of classroom-based mindfulness meditation compared to an active control condition in sixth-grade children. *Journal of School Psychology, 52*, 263–278.

Broderick, P. C., & Metz, S. (2009). Learning to BREATHE: A pilot trial of a mindfulness curriculum for adolescents. *Advances in School Mental Health Promotion, 2*(1), 35–46.

Brown, K. W., & Ryan, R. M. (2003). Mindful attention awareness scale. Journal of personality and social psychology. https://psycnet.apa.org/doi/10.1037/t04259-000

Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*. doi:10.1080/10478400701598298.

Brown, K. W., West, A. M., Loverich, T. M., & Biegel, G. M. (2011). Assessing adolescent mindfulness: validation of an adapted Mindful Attention Awareness Scale in adolescent normative and psychiatric populations. *Psychological Assessment, 23*, 1023.

Burns, J., Morey, C., Lagelée, A., Mackenzie, A., & Nicholas, J. (2007). Reach Out! Innovation in service delivery. *Medical Journal of Australia*, *187*(S7), S31-S34.

Calvete, E., Sampedro, A., & Orue, I. (2014). Propiedades psicométricas de la versión española de la "Escala de Atención y Conciencia Plena para Adolescentes" (Mindful Attention Awareness Scale-Adolescents) (MAAS-A). *Psicología Conductual, 22*, 277.

Campos, J. J., Frankel, C. B., & Camras, L. (2004). On the nature of emotion regulation. *Child development*, *75*(2), 377-394.

Carmody, J., & Baer, R. A. (2008). Relationships between mindfulness practice and levels of mindfulness, medical and psychological symptoms and well-being in a mindfulness-based stress reduction program. *Journal of behavioral medicine*, *31*, 23-33.

Cattelino, E., Chirumbolo, A., Baiocco, R., Calandri, E., & Morelli, M. (2021). School achievement and depressive symptoms in adolescence: The role of self-efficacy and peer relationships at school. *Child Psychiatry & Human Development*, *52*, 571-578.

Chambers, R., Gullone, E., & Allen, N. B. (2009). Mindful emotion regulation: An integrative review. *Clinical Psychology Review*. doi:10.1016/j.cpr.2009.06.005.

Ciarrochi, J., Heaven, P. C., & Supavadeeprasit, S. (2008). The link between emotion identification skills and socio-emotional functioning in early adolescence: A 1-year longitudinal study. *Journal of adolescence*, *31*(5), 565-582.

Cohn, M. A., Fredrickson, B. L., Brown, S. L., Mikels, J. A., & Conway, A. M. (2009). Happiness unpacked: positive emotions increase life satisfaction by building resilience. *Emotion*, *9*(3), 361.

Conterio, K., Lader, W., & Bloom, J. K. (1999). *Bodily harm: The breakthrough healing program for self-injurers*. New York: S.A.F.E. Alternatives.

Crescentini, C., & Capurso, V. (2015). Mindfulness meditation and explicit and implicit indicators of personality and self-concept changes. *Frontiers in Psychology*, 6. https://doi.org/10.3389/fpsyg.2015.00044

Dahl, R. E., Allen, N. B., Wilbrecht, L., & Suleiman, A. B. (2018). Importance of investing in adolescence from a developmental science perspective. *Nature, 554*(7693), 441–450. https://doi.org/10.1038/nature25770

Davis, E. (2019). Self-regulation mechanisms explain how dispositional mindfulness promotes well-being. *Journal of Positive Psychology and Wellbeing*, *3*(2), 153-164.

Dekeyser, M., Raes, F., Leijssen, M., Leysen, S., & Dewulf, D. (2008). Mindfulness skills and interpersonal behaviour. *Personality and Individual Differences, 44,* 1235–1245.

Desseilles, F., Mikolajczak, G., & Desseilles, M. (2012). Suicide and nutrition: a bio-psychosocial approach. *Sante Mentale au Quebec*, *37*(2), 65-94.

Di Tommaso, M. L. (2007). Children Capabilities: A Structural Equation Model for India. The Journal Socio-Economics, 36, 436-450.

Dinesh S, Syamakumari S. Prevalence of stress among school children in Kerala. Available from http://www.articlesbase.com/mental-health-articles/prevalence-of-stress-among-school-children-in-kerala-1868702.html

Foret, M. M., Scult, M., Wilcher, M., Chudnofsky, R., Malloy, L., Hasheminejad, N., & Park, E. R. (2012). Integrating a relaxation response-based curriculum into a public high school in Massachusetts. *Journal of Adolescence, 35,* 325–332.Return to ref 2012 in article

Gratz, K. L. (2007). Targeting emotion dysregulation in the treatment of self-injury. *Journal of Clinical Psychology*. doi:10.1002/jclp.20417.

Gross, J. J. (1998). Antecedent-and response-focused emotion regulation: divergent consequences for experience, expression, and physiology. *Journal of personality and social psychology*, *74*(1), 224.

Hall, G.S. (1904) Adolescence: Its Psychology and its relations to physiology, Anthropology, Sociology, Sex, Crime, Religion and Education, Vols. 1-2. New York: Appleton-Century-Crofts.

Herrman, H.S., Saxena, S., & Moodie, R. (2005). Promoting mental health: Concepts, emerging evidence, practice. A WHO Report in collaboration with the Victoria Health Promotion Foundation and the University of Melbourne. Geneva: World Health Organization; http://www.who.int/mental_health/evidence. Retrieved from 21.7.2016

Huppert, F. A., and Johnson, D. M. (2010). A controlled trial of mindfulness training in schools: the importance of practice for an impact on well-being. *J. Posit. Psychol.* 5, 264–274. doi: 10.1080/17439761003794148

Kabat-Zinn, J. (2013). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. In *Mindfulness* (pp. 281-306).

Kallapiran, K., Koo, S., Kirubakaran, R., & Hancock, K. (2015). Review: Effectiveness of mindfulness in improving mental health symptoms of children and adolescents: a meta-analysis. *Child and Adolescent Mental Health, 20*(4), 182–194.

Kerr, C. E., Sacchet, M. D., Lazar, S. W., Moore, C. I., & Jones, S. R. (2013). Mindfulness starts with the body: Somatosensory attention and top-down modulation of cortical alpha rhythms in mindfulness meditation. *Frontiers in Human Neuroscience, 7*, 12.

Kirmani, M. N., Sharma, P., Anas, M., & Sanam, R. (2015). Hope, resilience and subjective well-being among college going adolescent girls. *International Journal of Humanities & Social Science Studies, 2*(1), 262-270.

Lai, J. C. (2009). Dispositional optimism buffers the impact of daily hassles on mental health in Chinese adolescents. *Personality and Individual Differences, 47*, 247–249. https://doi.org/10.1016/j.paid.2009.03.007

Leland, M. (2015). Mindfulness and student success. *Journal of Adult Education, 44*(1), 19–24.

Llenares, I., Deocarisb, C. , Espanolac, M., Sario, J., (2020). Gratitude Moderates the Relationship Between Happiness and Resilience. International Journal of Emotional Education, Volume 12, Number 2, November 2020, pp 103 – 108. Manesi, Zoi & Van

Lyons, K. E., & DeLange, J. (2016). Mindfulness matters in the classroom: The effects of mindfulness training on brain development and behavior in children and adolescents. *Handbook of mindfulness in education: Integrating theory and research into practice*, 271-283.

May, R. W., Bamber, M., Seibert, G. S., Sanchez-Gonzalez, M. A., Leonard, J. T., Salsbury, R. A., & Fincham, F. D. (2016). Understanding the physiology of mindfulness: Aortic hemodynamics and heart rate variability. *Stress*, *19*(2), 168–174.

Maynard, B. R., Solis, M., Miller, V., and Brendel, K. E. (2017). Mindfulness-based interventions for improving cognition, academic achievement, behavior and socio-emotional functioning of primary and secondary students. *Campbell Syst. Rev.* 13:147. doi: 10.4073/csr.2017.5

McGrath, R. E. (2019). The VIA assessment suite for adults: Development and initial evaluation revised edition. Cincinnati, OH: VIA Institute on Character.

McLaughlin, K. A., Hatzenbuehler, M. L., Mennin, D. S., & Nolen-Hoeksema, S. (2011). Emotion dysregulation and adolescent psychopathology: A prospective study. *Behaviour research and therapy*, *49*(9), 544-554.

Michaud, P. A., & Fombonne, E. (2005). Common mental health problems. *Bmj*, *330*(7495), 835-838.

Mo PKH, Winnie WSM. The influence of health-promoting practices on the quality of life of community adults in Hong Kong. *Soc Indic Res.* 2010;953:503–17. doi: 10.1007/s11205-009-9544-4.

Nevill, C. (2009). Measuring children‟s subjective well-being for charities and funders. New Philanthropy Capital, 16(1), ISBN 978-1-907262-01-2, 1-42. Retrieved From: www.philanthropycapital.orginfo@philanthropycapital.org

Nidich, S., Mjasiri, S., Nidich, R., Rainforth, M., Grant, J., Valosek, L., et al. (2011). Academic achievement and transcendental meditation: a study with at-risk urban middle school students. *Education* 131, 556–564.

Parto, M., & Ali Besharat, M. (2011). Mindfulness, Psychological Well-Being and Psychological Distress in Adolescents: Assessing the Mediating Variables and Mechanisms of Autonomy and Self-Regulation. Procedia—Social and Behavioural Sciences, 30, 578-582. doi:10.1016/j. sbspro.2011.10.112

Pooley, J. A., & Cohen, L. (2010). Resilience: A definition in context. *The Australian Psychological Society*, 22(1), 30–37.

Proimos, J., & Klein, J.D. (2012). Non-communicable Diseases in Children and Adolescents. Global Health: Pediatrics Prospective, 130(3), 379-381.

Priyanka & Singh, S. (2022). Effect of Mindfulness based Self-management Therapy (MBSMT) on Life Satisfaction among Teachers. Indian Journal of Psychological Science, 13(3), 294-298. https://iahrw.org/our-services/journals/indian-journal-of-positive-psychology/.

Raes, F., Griffith, J. W., Van der Gucht, K., & Williams, J. M. G. (2014). School-based prevention and reduction of depression in adolescents: a cluster-randomized controlled trial of a mindfulness group program. *Mindfulness, 5*, 477–486.

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. Journal of personality and social psychology, 69(4), 719-727. https://psycnet.apa.org/doi/10.1037/0022-3514.69.4.719

Salovey, P., Mayer, J. D., Goldman, S. L., Turvey, C., & Palfai, T. P. (1995). Emotional attention, clarity, and repair: Exploring emotional intelligence using the Trait Meta-Mood Scale.

Schonert-Reichl, K. A., & Lawlor, M. S. (2010). The effects of a mindfulness-based education program on pre-and early adolescents' well-being and social and emotional competence. *Mindfulness, 1*(3), 137–151.

Schwarzer, R., & Jerusalem, M. (1995). Generalized self-efficacy scale. *J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user's portfolio. Causal and control beliefs*, *35*, 37.

Semple, R. J., Lee, J., Rosa, D., & Miller, L. F. (2010). A randomized trial of mindfulness-based cognitive therapy for children: Promoting mindful attention to enhance social-emotional resiliency in children. *Journal of Child and Family Studies, 19*(2), 218–229.

Shaheen, H., Jahan, M., & Shaheen, S., (2014). A Study of Loneliness in Relation to WellBeing among Adolescents. International Journal of Education and Psychological Research (IJEPR). 3, (4), 46-49.

Shankland R, Tessier D, Gauchet A, Baeyens C. Improving Mental Health and Well-Being through Informal Mindfulness Practices: An Intervention Study. Applied Psychology: Health And Well-Being. 2020;13(1):63–83.

Singh, N. N., Lancioni, G. E., Joy, S. D. S., Winton, A. S., Sabaawi, M., Wahler, R. G., & Singh, J. (2007). Adolescents with conduct disorder can be mindful of their aggressive behavior. *Journal of Emotional and Behavioral Disorders, 15,* 56–63.

Singh, S. (2023). Mindfulness-based Self-management Therapy (MBSMT): A Positive Psychotherapy for Well-being and Happiness. *Indian Journal of Health and Wellbeing*, *14*(3), 378-382.

Suldo, S. M., & Shaffer, E. J. (2008). Looking beyond psychopathology: The dual-factor model of mental health in youth. *School Psychology Review*, *37*(1), 52-68.

Swickert, R., Bailey, E., Hittner, J. *et al.,* (2019). The Mediational Roles of Gratitude and Perceived Support in Explaining the Relationship Between Mindfulness and Mood. *J Happiness Stud* **20,** 815–828. https://doi.org/10.1007/s10902-017-9952-0

Theurel, A., & Gentaz, E. (2018). The regulation of emotions in adolescents: Age differences and emotion-specific patterns. *PloS one*, *13*(6), e0195501.

Thompson, M., & Gauntlett-Gilbert, J. (2008). Mindfulness with children and adolescents: Effective clinical application. *Clinical child psychology and psychiatry*, *13*(3), 395-407.

UNICEF (2021). Report spotlights on the mental health impact of COVID-19 in children and young people. https://www.unicef.org/india/pressreleases/unicef-report-spotlights-mental-healthimpact-covid-19-children-and-young-people

UNICEF India. (n.d.). UNICEF India. Retrieved April 26, 2024, from https://www.unicef.org/india/what-we-do/adolescent-development-participation

Voci, A., Veneziani, C. Fuochi, G., (2018). Relating Mindfulness, Heartfulness, and Psychological Well-Being: the Role of Self-Compassion and Gratitude. Mindfulness, 10:339–351, https://doi.org/10.1007/s12671-018-0978-0

Vujanovic, A. A., Bonn-Miller, M. O., Bernstein, A., McKee, L. G., & Zvolensky, M. J. (2010). Incremental validity of mindfulness skills in relation to emotional dysregulation among a young adult community sample. *Cognitive Behaviour Therapy*. doi:10.1080/16506070903441630.

Walker, S. N., Sechrist, K. R., & Pender, N. J. (1987). The health-promoting lifestyle profile: development and psychometric characteristics. *Nursing research*, *36*(2), 76-81.

Walsh, B. W. (2012). *Treating self-injury: A practical guide*. New York: Guildford Press.

Wang, D., Ou, C. Q., Chen, M. Y., & Duan, N. (2009). Health-promoting lifestyles of university students in Mainland China. *BMC Public health*, *9*(1), 1-9.

WHO. (2021). World Health Statistics 2021. Geneva: World Health Organization. Retrieved from: http://www.who.int/growthref/en.

WHO. (2013). World Health Statistics 2013. *Geneva: World Health Organization*.

Willis, E., Dinehart, L., & Bliss, L. (2014). Teachers don't always do what they think they should: A preliminary validation of the early childhood educators' knowledge of the Self-Regulation Skills Questionnaire. Journal of Early Childhood Teacher Education, 35, 168-184. doi:DOI: 10.1080/10901027.2014.905806

Zenner, C., Herrnleben-Kurz, S., & Walach, H. (2014). Mindfulness-based interventions in schools—a systematic review and meta-analysis. *Frontiers in psychology, 5,* 603.